2014 Application for Volunteer Positions

PILGRIM POINT camps & retreats.

Date	camps & retreats,
Name: first middle	e last
Address:	
City	State Zip
Phone	_ Other phone (specify)
Email(s)	
Date of Birth	Gender M F
Church Affiliation	City
How long have you been a friend or mem	ber of this Church?
Camp experience at Pilgrim Point? no	_ yes other
In what capacity?	
Do you hold a current lifesaving instructor	or equivalent? no yes (expires)
Are you currently certified in CPR? no	yes (exp) First Aid? no yes (exp)
In what areas are you willing to be a volun	nteer?
Kitchen help/food service Dishes _	Camp store Grounds/maintenance
Dates of camps you are available to be a	volunteer @ PPC&R: (check all dates of interest)
	July 13-18 July 18-20 July 20-25 Aug 1-3 Aug 3-8 Aug 8-10 Aug 22-24 Fall weekends
	contact Camp Director Gigi at ggmarie58@gmail.com to ons are based on need and availability of housing.
What do you hope to get from your volunt	teer experience at Pilgrim Point?

Please return this application and background check form to:

Pilgrim Point Camp: Attn: Zac Norenberg MN Conference UCC 122 W. Franklin Ave., Minneapolis, MN 55404. Questions can be directed to zacn@uccmn.org

All applicants must have a completed background check form submitted before they can be a volunteer at Pilgrim Point Camps & Retreats. Thank you for your interest of volunteering at PPCR!

Minnesota Conference Safe Conduct

Application and Disclosure Form

Name: Last	First	Middle	
Address	City/State	Zip	
Daytime Phone	Evening Phone	Email	
Name of Local Church:			
City:			
Q I have been a member of	c	church since	
Q I have been a friend of this church s	ince		
References: One reference should be member.	e a church leader and none of them m	nay be an immediate family	
1			
Address	City/State	Zip code	
Telephone	Email		
2			
Name			
Address	City/State	Zip code	
Telephone	Email		
3Name			
Address	City/State	Zip code	
Telephone	Email		

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Please read and respond to the following: I have never been convicted of, nor pled guilty or no contest to, a crime. (Exclude convictions that have been sealed, expunged or legally eradicated, misdemeanor convictions for which probation was completed and the case was dismissed, or offenses about which inquiry is not permissible in this state)
☐ True ☐ Not True
If not true, please briefly describe the nature of the crime(s), the date and place of conviction and the lega disposition of the case. The Conference will not deny a position to any applicant solely because the person has been convicted of a crime. The Conference, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.
No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct physical abuse; child abuse; or financial misconduct has ever resulted in a judgment being entered against me been settled out of court, or been dismissed because the statute of limitations has expired.
I True If not true, give a short explanation of the lawsuit. (Please indicate the date, nature, and place of the inciden leading to the lawsuit; where the lawsuit was filed; and the precise disposition of the lawsuit.)
I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct physical abuse; child abuse; or financial misconduct.
☐ True ☐ Not True
If not true, give a short explanation. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.)
Do you have a valid drivers' license?
☐ Yes ☐ No
With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

□ Not True

☐ Yes ☐ No

If yes, please provide a brief explanation.

☐ True

Please read the following carefully and sign:

The covenants between persons seeking authorized volunteer positions in the Minnesota Conference of the United Church of Christ require honesty, integrity, and truthfulness for the health of the Conference. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the Conference they seek to serve. To that end, I authorize The Minnesota Conference and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

The Minnesota Conference authorized volunteer and employee recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in. To that end, I authorize the Minnesota Conference and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that the Minnesota Conference will share with me information it has gathered about me, if I request it to do so.

I acknowledge the above statements. I have read the Minnesota Conference Safe Conduct Policy on the Conference website (www.uccmn.org) or have received and read a print copy from the Conference office.

I have read the Minnesota Conference UCC Safe Conduct Policy.			
(PRINT NAME & SIGN)	DATE		
(PRINT NAME & SIGNATURE OF PARENT OR GUARDIAN FOR APPLICANTS UNDER 18)	DATE		
References Checked: DATE	INITIALS		